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amcray PRPF

Alison Lundergan Grimes Kentucky Secretary of State

Received and Filed: 3/31/2015 2:57 PM Fee Receipt: \$130.00

Organization ID# 0871595 Commonwealth of Kentucky
State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Reinstatement Application and Reinstatement Annual Report For the years 2014 through 2015

**RST** 

Exact organization name and principal office address

LEGENDARY INC 6403 CEDAR BRANCH COURT LOUISVILLE KY 40291 The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be

1 **40** - 400 4 7 4 7

Registered Agent and Registered Office Address

EDWARD PARK 2523 WEST BROADWAY LOUISVILLE, KY 40211

President	Edwara Park	equired to first a Secretary or other officer perving as records custodian  403 Cedar Branch Rd - Lin H 4029
Vice-President		
Secretary	Mora Vernon	1806 Dall Ferm Rs. Lu 4. 110291
Treasurer		
2014. The undersigne	ed states that the grounds for dissolution e	30, 2014 because the entity did not file its annual report for the year either did not exist or have been eliminated, and the entity's name check in the amount of \$130.00, payable to Kentucky State Treasurer.
Under penalty of perjoinformation pertaining	ury, the below signed hereby authorizes the LEGENDARY Inc to the Secretary of S	ne Kentucky Department of Revenue to release any applicable tax State, as required for reinstatement pursuant to KRS 271B.14-220.
If not an officer of said	d entity, please provide a Declaration of P	ower of Attorney with the Reinstatement Application.

Tot an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

3 - 26 - 15

Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

**BOB BROOKS**Executive Director

March 31, 2015

LEGENDARY Inc 6403 CEDAR BRANCH COURT LOUISVILLE KY 40291

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **LEGENDARY Inc** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Theresa REV0868, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0871595





THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

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## EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

**Steven L. Beshear** Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Thomas O. Zawacki Secretary

**Buddy Hoskinson** Executive Director

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

KRS 14A.7-030(1)(f) CERTIFICATE

Sincerely,

Jessica Harris Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0871595

